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**To:** Examiner Jason Rosenzweig**From:** Steven L. Nichols

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**Fax:** (571) 273-8300**Pages:** 20 pages including coversheet

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**Phone:****Date:** December 1, 2005

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**Re:** Amendment - 10/810,091

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5. Amendment (16 pages)

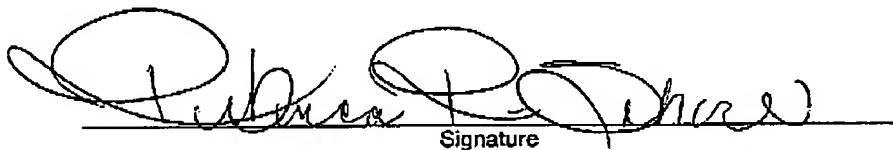
Application No.: 10/810,091

Attorney Docket No.: AB-276U

## Certificate of Transmission

I hereby certify that this correspondence is being facsimile transmitted to Examiner Jason Resenzweig via the USPTO central facsimile number, (571) 273-8300.

on December 1, 2005  
Date



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Rebecca R. Schow  
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AB-276U

Serial No.: 10/810,091

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**In re Patent Application:** Todd K. Whitehurst et al.  
**Application No.:** 10/810,091  
**Filed:** March 26, 2004  
**Title:** "Treatment of Movement Disorders with Drug Therapy"

**Confirmation No.:** 8209  
**Examiner:** ROSENZQEIG, Jason  
**Group Art Unit:** 3762

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT

Sir:

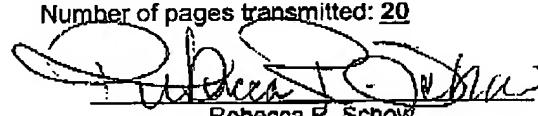
Transmitted herewith is/are the following in the above-identified application:

- |                                 |  |
|---------------------------------|--|
| (X) Response/Amendment          | ( ) Petition to extend time to respond |
| (X) New fee as calculated below | ( ) Supplemental Declaration           |
| ( ) No additional fee           | ( ) Other: _____                       |

CLAIMS AS AMENDED BY A LARGE ENTITY						
FOR	CLAIMS REMAINING AFTER AMENDMENT	NUMBER EXTRA	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEES
TOTAL CLAIMS	21	MINUS	20	= 1	X \$50.00	\$50.00
INDEP. CLAIMS	2	MINUS	3	= 0	X \$200.00	\$0.00
[ ] FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM					+ \$360.00	\$
EXTENSION FEE	[ ] 1ST MONTH \$120.00	[ ] 2ND MONTH \$450.00	[ ] 3RD MONTH \$1020.00	[ ] 4TH MONTH \$1590.00		\$0.00
OTHER FEES						\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$50.00

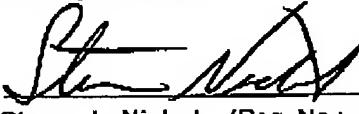
Please charge \$50.00 to Deposit Account 18-0013/40328-0063. At any time during the pendency of this application, please charge any fees required or credit any overpayment to Deposit Account 18-0013/40328-0063 pursuant to 37 CFR 1.25. Additionally please charge any fees to Deposit Account 18-0013/40328-0063 under 37 CFR 1.16, 1.17, 1.19, 1.20 and 1.21. A duplicate of this sheet is enclosed.

I hereby certify that this correspondence is being transmitted to the US Patent and Trademark Office via facsimile number (571) 273-8300 on December 1, 2005.

Number of pages transmitted: 20


Rebecca R. Schow

Respectfully submitted,

By:   
Steven L. Nichols (Reg. No.: 40,326)  
Attorney/Agent for Applicant(s)  
Telephone No.: (801) 572-8066  
Date: December 1, 2005

AB-276U

10/810,091

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DEC 01 2005

In the Patent Application of

Todd K. Whitehurst et al.

Application No. 10/810,091

Group Art Unit: 3762

Filed: March 26, 2004

Examiner: ROSENZWEIG, Jason

For: Treatment of Movement Disorders  
with Drug TherapyAMENDMENTCommissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Commissioner:

In response to the non-final Official Action mailed on September 1, 2005, please amend the above-identified application as follows:

12/02/2005 MGEBREM1 00000008 180013 10810091

01 FC:1202 50.00 DA